

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Ja		9/14/00
O.I.P.E. CLASSIFIER		49	9/16/00
FORMALITY REVIEW	EW	64934	9/25/00
RESPONSE FORMALITY REVIEW	EW	64934	11/30/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	5/1/03
2	✓	✓	5/1/03
3	✓	✓	5/1/03
4	✓	✓	5/1/03
5	✓	✓	5/1/03
6	✓	✓	5/1/03
7	✓	✓	5/1/03
8	✓	✓	5/1/03
9	✓	✓	5/1/03
10	✓	✓	5/1/03
11	✓	✓	5/1/03
12	✓	✓	5/1/03
13	✓	✓	5/1/03
14	✓	✓	5/1/03
15	✓	✓	5/1/03
16	✓	✓	5/1/03
17	✓	✓	5/1/03
18	✓	✓	5/1/03
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25	✓	✓	5/1/03
26	✓	✓	5/1/03
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43	✓	✓	5/1/03
44	✓	✓	5/1/03
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46	✓	✓	5/1/03
47	✓	✓	5/1/03
48	✓	✓	5/1/03
49	✓	✓	5/1/03
50	✓	✓	5/1/03

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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